The Stigma of Addiction: What it Is, How it Harms People, and How it Can be Treated

Daniel M. Huston BA-CADAC II
Lead Addiction Recovery Specialist, Indiana State Prison – Minimum Security
Addict

- (n) a person who is addicted to an activity, habit, or substance
- (v) to cause to become physiologically, psychologically dependent on an addictive substance
- (v) to habituate or abandon (oneself) to something compulsively or obsessively
- Origin: “addictus” (Latin – “person enslaved for debt or theft”)

• Addict (n) a person who is addicted to an activity, habit, or substance
• Addict (v) to cause to become physiologically, psychologically dependent on an addictive substance
• Addict (v) to habituate or abandon (oneself) to something compulsively or obsessively
• Origin: “addictus” (Latin – “person enslaved for debt or theft”)
Disease of Addiction

Many organizations that treat addiction characterize addiction as a “chronic brain disease that effects the memory, reward and motivational drives of a person”. 
Disease of Addiction

• In November, 2016, United States Surgeon General Vivek Murthy released a report identifying addiction as a **Chronic Brain Disease**
  
  “I’m calling for a cultural change in how we think about addiction. For far too long people have thought about addiction as a character flaw or a moral failing. Addiction is a chronic disease of the brain and it’s one that we have to treat the way we would any other chronic illness: with skill, with compassion and with urgency” (from 11/17/16 interview in “The Huffington Post”)
“Addiction as a character flaw”?

"To be chemically dependent is to wonder why the people you are drinking with are drinking so slowly; they have one to your three! It is to insist that people who don't use 'loosen up' and have a little of whatever you're having."

- Evelyn Leite from "How it Feels to Be Chemically Dependent" (1987 - Johnson Institute)
How does addiction start?
According to “Drugs, Brains, and Behavior: The Science of Addiction”, a July, 2014 article from the drugabuse.gov website, people begin to take drugs:

• To feel good
• To feel better
• To do better
• Curiosity and “because others are doing it”
Addiction’s Physical Beginnings

Dopamine is normally released into the brain as a reward for activities essential to survival, thus guaranteeing their being repeated:

- Sleeping
- Eating/Drinking
- Sexual Procreation
- Nurturing
Addiction’s Physical Beginnings

However, when certain drugs are used by people who are **susceptible** to addiction to those particular drugs for the first time, a **larger than normal** amount of dopamine is released into the brain, ultimately resulting in a connection between chemical use and pleasure.
Addiction’s Physical Beginnings

“The areas of a teenager’s brain that affect decision making, impulse control, instant gratification, and emotional expression are yet to be fully operational during those impressionable years.

An underdeveloped brain coupled with a genetic predisposition for addiction has greater risks of becoming dependent on drugs experimented with.”

“An adolescent mind is more vulnerable to the effects of a negative environment than those with a fully developed brain.”

- from “Why Some Teens are Vulnerable to Addiction While Others Aren’t” by Ryan Beitler for “drugaddictionnow.com”
Addiction’s Mental Beginnings

As mentioned earlier, one of the more common causes of chemical use ultimately leading to addiction is a lack of coping skills for trauma.

This was addressed in a June 9, 2016 interview with “The Clearing” Treatment Center co-founder, Joe Koelzer:

Q: How are trauma and addiction linked?

A: Okay. Here's how this plays out.

Somewhere in my past - and it doesn't have to be when I'm young, it just so happens that a lot of it does happen when we're young - I have this particular event that I experience. A piece of me gets emotionally stuck there.

Let's say it was like [a traumatic experience from my past]. Now, every time stress comes up in my life that is similar to [a traumatic experience from my past], this part of me comes forward. It's providing a lot of anxiety. It's providing a lot of fear.
Addiction’s Mental Beginnings

It's an unhealed part that goes, "Oh my gosh. Here we are. We're in another one of these situations just like when [it happened the first time]. Oh my gosh, oh my gosh, oh my gosh."

How do I deal with that? Here's where the addiction comes from.

The way that I can deal with this thing that comes up over and over – this thing that provides great amounts of anxiety and fear - is I can numb out from it. I'm looking for ways of feeling better.

One of the ways I can numb out and feel better is to drink, or use pills, cocaine, meth, whatever. By doing this, at least temporarily that's going to take care of that anxiety and that fear. It's numbing.

Q: So, it may not be a conscious choice to start out with, to start using substances that lead to addiction?

A: Exactly. I just feel better. I don't really know why I feel bad, I just know that I can do this and I'll feel better.
Another item worth mentioning is that in some cases siblings process the same trauma differently.

This was addressed in the same June 9, 2016 interview with “The Clearing” Treatment Center co-founder, Joe Koelzer:

Q: (After addressing repressed memories) Does it even matter if the trauma actually happened?

A: All that matters is that you think the trauma happened. That's all that matters.

If I have a misinterpretation of reality about what really happened, that's not going to change how I feel about it, right?

We worked with a couple of examples: "Well, this was my memory of it. My memory isn't correct, but that's how I'm carrying it around."

It doesn't matter that it actually happened. It matters that I think that it happened.
Q: It's about their perception of reality, then?

A: Yes, exactly.

The other part of this is that it is also is all about how I took it in.

I could have a sibling who is similar in age to me. We both had the same event. It was traumatic to me. My sibling doesn't remember it at all, or doesn't care, or it didn't affect them at all, but it affected me a lot. That's when we tell parents, "Parents, this doesn't have anything to do with what you did. This has to do with how they took it in."
Addiction’s Mental Beginnings

Q: What would cause one sibling to process something as a trauma and the other not, everything else being relatively equal?

A: Now we're getting into the area we call "rational emotive therapy."

This is a really great mental-level strategy. *None of us actually sees the event that we're looking at. Rather, what we see is our perception of the event.* Each of our perceptions are colored by the filters through which we view it, and we all have different filters.

Even though we're siblings, we're going to have different filters. I'm going to take it in as it was wrong, and bad, and shouldn't have happened, it was horrible, and there's all this negativity that goes with it.

My sibling doesn't have those filters. They have a different set of filters, and they just didn't label the event the same way I did through their perception.

Q: *Nature vs. nurture: Are siblings wired a little bit differently emotionally?*

A: Yes, that's exactly right. Even though we're siblings, we don't have the same filters.
Addiction’s Mental Beginnings

“Addicted individuals don't cope well with [pain] due to an immature, disordered brain. Instead of feeling their pain, folks with this illness react to it. They don't acknowledge pain through healthy communication. Rather they avoid it by using [chemicals] to numb out.”

“Addiction uses your pain against you. It feeds on it, twists it and leaves you miserable.”

Addiction’s Mental Beginnings

“Every addiction arises from an unconscious refusal to face and move through your own pain. Every addiction starts with pain and ends with pain. Whatever the substance you are addicted to – alcohol, food, legal or illegal drugs, or a person – you are using something or somebody to cover up your pain”.

- writer/public speaker, Eckhart Tolle
Addiction is a chronic brain disease

As people use addictive drugs, the following brain functions are affected in some way:

- Pain reception (spinal cord, brain stem, and thalamus)
- Memory (hippocampus)
- Reward
- Judgment (prefrontal cortex)
- Movement (motor cortex)
- Sensation (sensory cortex)
- Vision (visual cortex / occipital lobe)
- Coordination (cerebellum)
Addiction is a chronic brain disease

- When a person consumes an addictive drug, or practices an addictive behavior, one of several “reward pathways” is activated.
  - In one of these “reward pathways”, Information travels from the **Ventral Tegmental Area**, to the nucleus accumbens, to the prefrontal cortex.
Addiction is a chronic brain disease

- When we look at the VTA → Nucleus Accumbens → Prefrontal Cortex “reward pathway”, we see that the addict’s judgment is affected.
What is “stigma”? 

[Diagram of people standing around a person, with the word 'STIGMA' on a map in the bottom left corner and a brick wall enclosing a person in the bottom right corner.]
Stigma

• “An association of disgrace or public disapproval with something, such as an action or condition”

• “A mark of disgrace or infamy; a stain or reproach, as on one’s reputation”

— Origins: “stigme” (Middle English – “to brand”), “stigma”/”stigmat” (Latin – “tattoo indicating slave or criminal status”), “stizein”/”stig” (Greek – “to prick”)
How Stigma Harms People with Addiction Problems

In a December 5, 2012 article from “thefix.com”, a website devoted to addiction and recovery, Licensed Clinical Psychologist, Dr. Richard Juman, shared eight points addressing how Stigma worsens the disease of addiction.
How Stigma Worsens Addiction

1. People fail to seek treatment.
   • People are concerned about being labelled as “addicts”
     – In a 2014 National Survey on Drug Use and Health, only 2.5 million Americans aged 12 and older received special drug treatment out of a group of 21.5 million Americans aged 12 and older who had a substance use disorder

2. The medical profession fails to treat addicts properly.
   • Doctors have been slow to recognize addiction as a treatable disease

3. The mental health profession ostracizes people with addictive disorders
   • Psychological disturbances can be misinterpreted as “just the drugs talking”
How Stigma Worsens Addiction

4. Funding for addiction treatment is discriminatory.
   • Treatment for both addiction and mental health receives considerably less funding than treatment for more tangible, physiological, medical diseases

5. Addicts get sent to jail.
   • People go to jail for possession of substances
   • Most government funding for the “WAR ON DRUGS” is spent on the banning and outlawing of drugs themselves instead of treatment
How Stigma Worsens Addiction

6. Even when people do get treatment, stigmatization can continue and contribute to poor treatment outcomes.
   • Patients who relapse to chemical use tend to feel shamed for their weakness that led to the relapse

7. People in recovery are always under suspicion.
   • Many people in recovery are presumed to be on the verge of relapse
How Stigma Worsens Addiction

8. People with addiction problems confront stigma-based roadblocks constantly
   • People in recovery have a harder time finding and keeping jobs, getting licenses, food stamps, and benefits that help their children
How Stigma Worsens Addiction

There is a stigma attached to addiction which can be deadly. But it's not *my* stigma — I stopped carrying that shame and embarrassment around years ago, if I ever felt it at all. I experience this stigma when I share my identity with people who aren't addicts, who don't know someone in recovery, or who hold onto the idea that people like me are somehow second class citizens.

It's not *my* stigma. It's *yours*. And your ignorance and fear is a much greater risk to me than a relapse. Your problem with addiction is much more likely to kill me than my problem with it. It's time to change the story about substance use disorder, and that doesn't necessarily start with me. It starts with the story you're telling yourself about me.
How Stigma Worsens Addiction

Less than 10% of people like me end up asking for treatment, or medical help of any kind, for their substance problems. Less than 10%. That's not because we don't want help. It's because, in this culture, merely admitting that you need help means wearing a scarlet A on your chest for the rest of your life. A is for Addict. A is for Alcoholic. People like me often barely survive this disease, only to be treated to a lifetime of unequal treatment, unkindness, prejudice, and discrimination.

If I am honest about my addiction, I could lose my job, my home, and custody of my child. I could be denied medical care. I could be treated like a criminal, even though I haven't broken any laws. If these things happen to me, the stigma surrounding my illness means I'll be told that I deserve to be treated this way. After all, I'm an addict. All my problems must be of my own making.

- Excerpt from “The Stigma of Addiction is More Dangerous Than Drug Overdoses” by Claire Rudy Foster for “huffingtonpost.com”.

How Stigma Worsens Addiction

The stigma of addiction has led to many stereotypes:

1. Homeless
2. Criminals
3. Taking drugs in dark, dirty alleyways
4. “Junkies”
5. “Stoners”
6. “Meth-Heads”
How Stigma Worsens Addiction
But, in reality, addicts are “just like everyone else”:
1. Parents
2. Children
3. Friends
4. Co-workers
5. Brothers/Sisters
Addicts are like “everyone else”:

“They hold down jobs, have friends, go to social functions and enjoy their weekends. Some fail to manage their addiction and do become entrenched in a lifestyle that the stereotypes embody, but many do not. An addiction does not discriminate between rich and poor, young or old.”

– “Stigma of Addiction” from alcoholrehab.com
So, if we can see that addiction is a brain disease that interferes with multiple healthy brain functions, then why is addiction stigmatized as a “character flaw”?
One of the greatest contributions to the stigmatization of addiction comes from addicts’ ANTI-SOCIAL **behaviors** that are committed either:

a) under the influence of the substance - or -

b) to “support the habit”
Contrary to the popular definition of “Anti-Social” as “stand-offish”, or “not wanting to engage with others”, Anti-Social behaviors are those that contradict societal norms, i.e., they are “against society”.
What are “Anti-Social” Behaviors?
One of the easiest ways to clinically define Anti-Social behaviors is that they are “C.O.R.R.U.P.T.”

• Cannot follow the law
• Obligations ignored
• Remorselessness
• Recklessness
• Underhandedness
• Planning Deficit
• Temper
Anti-Social Behaviors related to Addiction

Cannot follow law:

- Anti-social behavior shows a failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest.
Anti-Social Behaviors related to Addiction

Obligations ignored:

• Anti-social behavior shows a consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
Anti-Social Behaviors related to Addiction

Remorselessness:

- Anti-social behavior shows a lack of remorse, as indicated by not caring or making defensive excuses for having hurt, mistreated, or stolen from another.
Anti-Social Behaviors related to Addiction

Recklessness:

• Anti-social behavior shows a reckless disregard for safety of self or others.
Anti-Social Behaviors related to Addiction

Underhandedness:

• Anti-social behavior shows dishonesty, as indicated by repeatedly lying, use of aliases, or conning others for personal profit or pleasure.
Anti-Social Behaviors related to Addiction

Planning deficit:
• Anti-social behavior shows an impulsivity or failure to plan ahead.

Temper:
• Anti-social behavior shows irritability and aggressiveness, as indicated by repeated physical fights or assaults.
Anti-Social Behaviors Contributing to Stigmatization

• Lying

• Neglecting/abandoning /endangering children and other dependents
  – Avoiding children’s sporting events/performances
  – Missing family get-togethers
  – Leaving children alone at home in order to “party”
  – Driving family while under the influence

• Neglecting responsibilities
  – Truancy from work/Decreased performance at work
  – Buying drugs/alcohol instead of paying bills
More behaviors contributing to Stigma

• Aggression while under the influence
  – Arguments
  – Physical fights

• Criminal behavior to support addiction
  – Burglary/Robbery/Shoplifting/Theft
  – Prostitution
Ultimately, the negative behaviors leading to addiction’s stigma come from the addict’s impaired judgment.
Another factor contributing to addiction’s stigma is an overall misunderstanding of the disease.

"To be chemically dependent is to wonder why the people you are drinking with are drinking so slowly; they have one to your three! It is to insist that people who don't use 'loosen up' and have a little of whatever you’re having."

- Evelyn Leite from "How it Feels to Be Chemically Dependent" (1987 - Johnson Institute)
Misunderstanding

An article from the website “drugrehab.com” cited Mental Health disorders such as depression and anxiety becoming less “taboo” and more accepted, while chemical use disorders still remain controversial.

This same article cited a 2014 study from Johns Hopkins Bloomberg School of Public Health demonstrating more negative opinions against substance use disorders than other mental illnesses.
From a sample of 709 survey respondents:

**Mental Illness**
- 62 percent would work with someone with a mental illness disorder
- 25 percent believed employers should be able to deny employment to people affected by mental illness
- 21 percent opposed giving individuals with mental illness disorders the same health insurance benefits given to otherwise healthy individuals

**Substance Use Disorder**
- 22 percent would work with someone with a substance use disorder
- 64 percent believed employers should be able to deny employment to people affected by addiction
- 43 percent opposed giving individuals with substance use disorders the same health insurance benefits given to otherwise healthy individuals
Misunderstood Addiction

“Substance use disorders are hard to understand. Many people consume substances of abuse but stop when faced with health, social or legal consequences. However, people with addiction are influenced by genetic, environmental and developmental factors. They are unable to stop without help.

Stopping seems like an easy solution, but it can be tough.

People in recovery are also judged by high rates of relapse because the public doesn’t understand the disease. Other chronic health conditions, such as diabetes and high blood pressure, have high rates of relapse. But society doesn’t shame a person with high blood pressure for eating French Fries or a person with diabetes for having an occasional candy bar.”

- excerpt from the article, “The Unnecessary Stigma, Guilt and Shame of Addiction” from “drugrehab.com”
“What I want to know is can you spot the junkie? I want you to look closely. Can you spot that person you refer to by that ugly word? Is she the beautiful blonde with the incredible smile? Or perhaps the ‘junkie’ is the handsome man in uniform? How about the ‘shit bag’? You know those people you refer to after you find out they were revived by Narcan and given another chance at life. You felt it necessary to post that society would be better off if we let the ‘shit bags’ die. That Narcan was wasting money on a life not worthy of being saved. Which one of these beautiful people would you consider a ‘shit bag’? Which one of them deserves to die?

Now, let's talk about the dirty homeless person. You know the one you point fingers at and laugh at when you are approached by them. Who looks homeless and dirty to you? Can you point to the homeless addict? Which one looks anything like the ugly picture you paint when you speak about people who suffer from the disease of addiction? You know the ones. People who don't bathe and live under bridges. People who can't hold a job and eat out of trash cans. Is it the man riding a tractor with his son? Or maybe it's the man in the blue shirt who just happens to be my son.

I want you to look closely and see beyond your stigma. I want you to look into the faces of everyday people. The college kid. The cheerleaders. The first time fathers and mothers. Those who started a new job or started a new life after years of struggling against people like you. I want you to imagine what it feels like to be the brunt of your hate. I want you to understand that these pictures represent the hopes and dreams of parents left behind.”

- excerpt from the article “Can You Spot the Junkie?” from “addictionunscripted.com”
Misunderstood Addiction

From “Stop Calling Your Drug Addiction a Disease” from April 24, 2017, on “theodysseyonline.com”

Addiction changes the brain in fundamental ways. It changes the normal hierarchy in a person's brain and then substitutes their needs and priorities for whatever said addictive is (in this case, we're focusing on drugs). When a person does a drug, they release dopamine, which causes the body to crave the substance more, and eventually alters the way the brain reacts to these chemicals. The reason that drug addictions are called "diseases" is that since the brain has become altered from drugs, the resulting compulsive behavior overrides the ability to control impulses, therefore making it a "relapsing disease."

You chose this.

You chose to smoke the weed.

You chose to shoot up heroin.

You chose to snort cocaine.

You chose to buy prescription pills that you did not need.

You chose this.

I can't express how much it infuriates me when drug addicts have the audacity to play the "oh poor me" role, blaming their choices on a disease that they brought on themselves. That child in the cancer ward didn't choose to do something that brought on their cancer, that woman with cystic fibrosis didn't do something to bring it upon herself.

Every drug addict made a choice, so don't tell me you have a disease all because you chose to do something you knew wasn't right. Could you really look a child stricken with cancer in the eyes and tell them you also have a disease, that you're also sick, but that unlike them, you made choices that led you to where you are, while they didn't? Take some personal responsibility and own up to it, but don't you dare go around telling people you have this so called disease that YOU created.
Addiction is a disease. According to the National Institute on Drug Abuse, the definition of drug addiction is a chronic, relapsing brain disease that is characterized by drug seeking and use, despite harmful consequences. Once a person becomes tolerant of his or her drug of choice, it becomes seemingly impossible to break the habit. Withdrawal is a scary reality for addicts, as symptoms can include things such as excruciating pain, insomnia, and emotional detachment. The physiological consequences of not having what your body now needs can be absolutely brutal. That being said, has it become more understandable as to why most addicts cannot sober up without help? Does it make sense why the opioid issue in our nation is referred to as an epidemic?

Let me eliminate the following conditional statement: addiction is a disease, but only because it is brought on by those who suffer from it. Nobody wakes up one day and says to themselves, I'm going to become an addict. That is not how it works. There are several factors that come into play with how someone could end up an addict. For example, there has been speculation by psychologists and medical professionals alike that alcoholism runs in families. With the alcoholism gene comes other motives for use that can affect a person's risk of becoming hooked. Some people may find that drinking is a way for them to cope with other issues, such as stress brought on by work or school and struggling with mental illness. Every addict has a story to tell, and very few of them will say that their addictions came out of left field.
Misunderstood Addiction

"Addicted to drugs'!?!? That's not a disease, it's - it's just an addiction!"

(After his friend tells him that his doctor diagnosed his addiction, and advised NA meetings) "So basically, you're just giving up one addiction and exchanging it for another addiction. So, instead of doing drugs all day, you'll just be going to groups every single day."

"Nobody put a gun to your head and forced you to put that needle in your arm! Nobody tied you down and forced you to snort that cocaine! That was *YOUR*choice, and it's *YOUR*choice to be stronger than your addiction! You're so weak that you give in to these counselors and doctors and let them brainwash you into thinking that you have a disease!!"

“These doctors and counselors are coddling you to make sure they get paid! And all the while, people with *ACTUAL* diseases are dying every single day! What, we need to feel sorry for *YOU* 'cause you *CHOSE* what to be addicted to?!?!"

- Excerpts from a video, “Drug Addiction is Not a Disease”, by “The Stop Sign” on Facebook
How do we fight the stigma?

• We know that addicts are ill, and not inherently “morally depraved” or “evil” in spite of their committing destructive behaviors that are construed as such.

• We know that addiction is a vicious brain disease that leads addicts to commit these destructive behaviors.

• So, how do we fight the stigma of this disease that threatens to kill our relatives, friends, co-workers, and/or employees?
How to fight the stigma

1.) Learn as much as you can about the disease of addiction from visiting the following websites:

- addiction.com
- addictioncampuses.com
- addictionunscripted.com
- alcoholrehab.com
- dreamcenterforrecovery.com
- drugabuse.com
- drugrehab.com
- hazelden.org
- luminancerecovery.com
- myrecoverystore.com
- reachoutrecovery.com
- recovery.org
- samhsa.gov
- sobernation.com
- thecuredreams.com
- theclearingnw.com
- thefix.com
How to fight the stigma

2.) Learn more about addiction by attending **OPEN** Twelve Step meetings.
   – Twelve Step meetings available for people who have no addiction.

3.) Remember that even though the addict’s behaviors have harmed you, they didn’t intentionally seek to harm you.

4.) Recognize that you didn’t cause the addiction, you can’t control the addiction, and you can’t cure the addiction.
How to fight the stigma

5.) Seek help for the addict.

• In addition to counseling, there are a multitude of support groups for addicts:
  – Traditional Twelve-Step Groups
    • Alcoholics Anonymous (A.A.) – formed in 1935
    • Narcotics Anonymous (N.A.) – formed in 1953
    • Gamblers Anonymous (G.A.) – formed in 1957
    • Overeaters Anonymous (O.A.) – formed in 1960
    • Sexaholics Anonymous (S.A.) – formed in 1970’s
  – Non Twelve-Step Groups
    • Celebrate Recovery
    • Secular Organization for Sobriety (S.O.S.)
    • SMART Recovery
How to fight the stigma

6.) Seek help for yourself.

- In addition to counseling, there are a multitude of support groups for addicts’ loved ones:
  - Al-Anon (for friends and families of alcoholics)
  - Alateen (for children of alcoholics)
  - Adult Children of Alcoholics (A.C.O.A. – for people who have grown up in an alcoholic or otherwise dysfunctional family)
  - Co-Anon (for friends and family of addicts)
  - Codependents Anonymous (“CODA”)
  - Families Anonymous (F.A. - for relatives and friends of addicts)
  - Nar-Anon (for friends and relatives of addicts)
How to fight the stigma

7.) Offer compassionate support to addicts
8.) See the person for who they are, not what drugs they’ve used or irresponsible/destructive behaviors they’ve practiced either under the influence or in support of their addiction
9.) Treat chemically dependent people with dignity and respect
10.) Avoid hurtful labels (e.g., “junkie”, “meth-head”, “stoner”, etc.)
Thank You for your time

• Daniel may be reached at dmhuston@idoc.in.gov for any questions or resources